U.S. Palent and Tradement Office; U.S. DEPARTMENT OF COMMERCE Linder the Penerwork Reduction Act of 1995, no persons are required to respond to a collection of information unless a disco a water CMB control number

PATENT APPLICATION FEE DETERMINATION RECORD Subditude for Form PTO-875 Effective December 8, 2004								136 436 de de la constante de	
APPLICATION AS FILED - PART I (Column 1) (Column 2)					SMALL	ENTITY	. OR	OR OTHER THAN	
FOR	NUMBER FI	LED	NUMBER EXI	RA	RATE (S)	FEE (I)]	RATE (1)	FEE (1)
IASIC FEE	NA		NIA		N/A	150.00	1	NIA .	300.00
EARCH FEE 17 CFR 1 16(1), (4, or (m))	NIA		NIA		N/A	\$250.	1 :	N/A	\$600
XAMINATION FEE	NA		N/A		NA	\$100	1	N/A	\$200
DTAL CLAMS IP.OFR 116(0)	mi	nns 50 • .	•		X\$ 25 .		OR.	X\$50 .	: .
VOEPENDENT CLAIMS	· · · · · · · · · · · · · · · · · · ·	nus 3 = -			X100 .	·	1	X200 .	
PPLICATION SIZE EE IT OFR 1 15(4))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
MATIPLE DEPENDENT CLAIM PRESENT (37 GFR 1 1601)					. +1 8 0=			+360=	
If the difference in column 1 is less than zero, enter "O" in column 2.					TOTAL		, :	TOTAL .	
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST NUMBER PRESENT AFTER PREVIOUSLY EXTRA					SMALL E	ADDI- TIONAL	OR	OTHER SMALL RATE (\$)	ADDI- TIONAL
Total Coron Lines	ENDMENT Min	PAID F	PR		X\$.25 .	FEE (S)	OR .	X\$50 .	FEE (4)
Independent . GIF CFR 1.100/2	Min	"	*		X100 _		OR	X200 .	
Application Stre Fee (37 CFR 1.16(s))									
FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (37 CFR 1.16(I))					+160=		C R	+360=	
					ADD'L FEE		OR	ADOL FEE	-
	otumn 1)	. (Colum		mn 3)					<u> </u>
A PE	Lams Maining Ufter. Indment	HIGHES NUMBE PREVIOU PAID FO	R PRES		RATE (I)	ADDI- TIONAL FEE (1)		RATE (\$)	ADDI- TIONAL FEE (5)
CH CHE LIEST	Minu	1-26	ツー	2]	X\$-25 .		OR .	X\$50> •	
independent (IF CFR 1.14p.))	Minu	- 3	5 . 5		X100		OR .	X200 .	
Application Stre Fee (37 CFR 1.16(s))									
PRIST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (ST CFR 1.180)					+180=		CR	+360=	
•	•		•		TOTAL ADD'L FEE	. 7	OR	ADO L PER	

* If the entry in column 1 is tess than the entry in column 2, write 'V' in column 3.

**If the Tighest Number Previously Paid For' IN THIS SPACE is his than 20, enter '20'.

**If the Tighest Number Previously Paid For' IN THIS SPACE is his than 3, enter '20'.

The Tighest Number Previously Paid For' (Total or independent) is the highest number found in the appropriate box in column 1.

**Independent in the Tighest Number Previously Paid For' (Total or independent) is the highest number found in the appropriate box in column 1.

**Independent in the Tighest Number Previously Paid For' (Total or independent) is the highest number found in the appropriate box in column 1.

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